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| TRANSWILLAL FORM  (to be used for all correspondence after initial filing)   |  |                         | Filing Date  | December 27, 2                         | 000                                     | 1          |  |  |
|--|--|-------------------------|--|--|---|------------|--|--|
|  |  |                         | First Named Inventor                                 | Manjunath Jaga                         | RECEIV                                  | <b>VED</b> |  |  |
|  |  |                         | Art Unit   | 2665                                   | OCT 1 2                                 |            |  |  |
|  |  |                         | Examiner Name  | Clemence S. Ha                         | ın                                      |            |  |  |
| Total Number of Pages in This Submission 44  |  |                         | Attorney Docket Number                               | 81862P237                              | Technology Ce                           | nter 2600  |  |  |
| ENCLOSURES (check all that apply)  |  |                         |  |  |   |            |  |  |
| Fee Transmitta   | l Form   | Drawing(s)              | )  | After Allowa to Group                  | ance Communication                      |            |  |  |
| Fee Atta   | ched   | Licensing-              | related Papers                                       | Appeal Con of Appeals                  |   |            |  |  |
| Amendment / R  | Response   | Petition                |  | Appeal Con<br>(Appeal Notice           |   |            |  |  |
| After Final Affidavits   | al<br>s/declaration(s)                               | Petition to Provisional | Convert a<br>Application                             | Proprietary                            |   |            |  |  |
| Extension of Til   | me Request   | Power of A Change of    | attorney, Revocation<br>Correspondence Address       | Status Lette                           |   |            |  |  |
| Express Aband  | onment Request                                       | Terminal D              | lisclaimer   | Other Enclo                            |   |            |  |  |
| Information Disclosure Statement   |  | Request fo              | r Refund   | Copies of 1<br>Documents               | 9 Prior Art                             |            |  |  |
| PTO/SB/  |  | CD, Numbe               | er of CD(s)  | Return Post                            | card                                    |            |  |  |
| Certified Copy of Priority Document(s)   |  |                         |  |  |   |            |  |  |
|  | Response to Missing Parts/Incomplete Application     |                         |  |  |   |            |  |  |
| 1 =  | c Filing Fee<br>aration/POA                          |                         | <b>-</b>   |  |   |            |  |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53  |  |                         |  |  | H.a.                                    |            |  |  |
|  | SIGNATUR   | E OF APPLICA            | NT, ATTORNEY, OR A                                   | GENT                                   |   |            |  |  |
| Firm   | Tom Van Zandt, Reg. No. 43,219                       |                         |  |  |   |            |  |  |
| <i>or</i><br>Individual name   |  |                         |  |  |   |            |  |  |
| Signature in Land Land Control of the Control of th |  |                         |  |  |   |            |  |  |
| Date 10/4/04   |  |                         |  |  |   |            |  |  |
|  | CERTIF   | CATE OF MAIL            | ING/TRANSMISSION                                     |  |   | Ì          |  |  |
| I hereby certify that the<br>sufficient postage as<br>1450, Alexandria, VA   | nis correspondence is b<br>first class mail in an en | eing deposited wi       | th the United States Postal to: Mail Stop Amendment, | Service on the dat<br>Commissioner for | e shown below with<br>Patents, P.O. Box |            |  |  |
| Typed or printed name Renee Coulman  |  |                         |  |  |   |            |  |  |
| Signature  | doul   | L(W)                    | mo lo  | ate 10L                                |   | J          |  |  |
| Based on PTO/SB/21 (04-04)   | as modified by Blakely, Soloko                       | # Toutes 9 70fmon (vd.  | 0.00/04/2004   |  |   |            |  |  |

Application No.

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| EEE TOANSM                                  | ITTA              | ]       | Complete if Known    |   |  |  |  |  |
|---|-------------------|---------|----------------------|---|--|--|--|--|
| EE TRANSM                                   |                   |         | Application Number   | 09/752,496chnology Center 260                           |  |  |  |  |
| for FY 200                                  | <b>U4</b>         |         | Filing Date          | 09/752,4 <b>Pechnology Center 260</b> December 27, 2000 |  |  |  |  |
| Effective 01/01/2004. Patent fees are subje | ct to annual revi | sion.   | First Named Inventor | Manjunath Jagannathrao Clemence S. Han                  |  |  |  |  |
| Applicant claims small entity status        | See 37 CF         | R 1.27. | Examiner Name        |   |  |  |  |  |
|   |                   |         | Art Unit             | 2665  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT                     | (\$)              | 290.00  | Attorney Docket No.  | 81862P237   |  |  |  |  |

| METHOD OF PAYMENT (check all that apply)                         |                             |                          |                            | FEE CALCULATION (continued)               |             |                                   |                         |                          |                   |  |                        |                  |          |
|--|-----------------------------|--------------------------|----------------------------|---|-------------|-----------------------------------|-------------------------|--------------------------|-------------------|--|------------------------|------------------|----------|
| Check Credit card Money Other None                               |                             |                          |                            | 3. ADDITIONAL FEES                        |             |                                   |                         |                          |                   |  |                        |                  |          |
|  | Deposit Account             |                          |                            | Large Entity   Small                      |             | II Entity                         | l Entity                |                          |                   |  |                        |                  |          |
| <u> </u>   |                             |                          | Fee                        | Fee                                       | Fee         | Fee                               |                         |                          |                   |  |                        |                  |          |
| Deposit<br>Account   |                             |                          | 02-2666                    | <br>5                                     |             | Code                              | (5)                     | Code                     | (\$)              | Fe   | e Description          |                  | Fee Paid |
| Number   | mber                        |                          |                            | 1051<br>1052                              | 130<br>50   | 2051<br>2052                      | 65<br>25                | Surcharge - late filin   | -                 | _  |                        |                  |          |
| Deposit<br>Account   | Rlake                       | elv Sol                  | coloff, Taylo              | or & Zafma                                | nIID        | 1032                              | 30                      | 2052                     | 25                | cover sheet.   | visional filing fee or |                  |          |
| Name   | Diake                       | , 50                     | Coloii, Tayle              | of & Zalilla                              | II LLI      | 2053                              | 130                     | 2053                     | 130               | Non-English specific   | cation                 |                  |          |
| _  |                             |                          | to: ( check all tha        | it apply)                                 |             | 1812                              | 2,520                   | 1812                     | 2,520             | For filing a request for                                     | •                      | nination         |          |
|  | fee(s) indica               |                          |                            | redit any overpay                         |             | 1804                              | 920*                    | 1804                     | 920               | <ul> <li>Requesting publicati<br/>Examiner action</li> </ul> | ion of SIR prior to    |                  |          |
| Charge a CFR §§ 1  | any additior<br>1.16, 1.17, | nal fee(s) o<br>1.18 and | or underpayment o<br>1.20. | f fees as required                        | d under 37  | 1805                              | 1,840 *                 | 1805                     | 1,840             | * Requesting publicati                                       | ion of SIR after       |                  |          |
| ☐ Charge fe  | ee(s) indica                | ated below               | , except for the fi        | lling fee                                 |             |                                   |                         | }                        |                   | Examiner action  |                        |                  |          |
| to the abi   | ove-identifi                |                          |                            |   |             | 1251                              | 110                     | 2251                     | 55                | Extension for reply w  |                        | _                | 110.00   |
| 4 84   |                             |                          | ALCULATIO                  | <u> </u>                                  |             | 1252                              | 430                     | 2252                     | 215               | Extension for reply w  |                        | h                |          |
| 1. BA<br>Large Entity  | SIC FIL                     | LING F<br>mali Entity    | EE                         |   |             | 1253                              | 980                     | 2253                     | 490               | Extension for reply w  |                        |                  |          |
|  | ee Fee                      |                          | Fee Description            |   | Fee Paid    | 1254                              | 1,530                   | 2254                     | 765               | Extension for reply w  Extension for reply w                 |                        |                  |          |
| Code (   | \$) Cod                     | le (\$)                  |                            | •   | 1001000     | 1255                              | 2,080<br>340            | 2255                     | 1,040<br>170      | • •  | ALCIDI MATE FROM       |                  |          |
| 1001 7   | 790 200                     | 1 395                    | Utility filing fee         | •   |             | 1404<br>1402                      | 340                     | 2401                     | 170               | Notice of Appeal<br>Filing a brief in supp                   | ort of an annual       |                  |          |
|  | 350 200                     |                          |                            |   |             | 1402                              | 300                     | 2402                     | 150               | Request for oral hea   |                        |                  |          |
| 1  | 550 200<br>790 200          | -                        | •                          |   |             | 1451                              | 1,510                   | 2451                     | 1,510             | Petition to institute a                                      | •                      | edino            |          |
|  | 160 200                     |                          | • • • • • • •              |   |             | 1452                              | 110                     | 2452                     | 55                | Petition to revive - ur                                      |                        | July             |          |
| 1003   | 200                         | •                        |                            |   |             | 1453                              | 1,370                   | 2453                     | 685               | Petition to revive - u                                       |                        |                  |          |
|  | SUBTOTAL (1) (\$)           |                          |                            | 1501                                      | 1,370       | 2501                              | 685                     | Utility issue fee (or re |                   |  |                        |                  |          |
| 2. EX  | TRA CI                      | LAIM F                   | EES <sub>Extra</sub>       | Fee from                                  |             | 1502                              | 490                     | 2502                     | 245               | Design issue fee   | •                      |                  |          |
|  |                             | _                        | Claims                     | below                                     | Fee Paid    | 1503                              | 660                     | 2503                     | 330               | Plant issue fee  |                        |                  |          |
| Total Claims<br>Independent                                      |                             | 20                       | ` = X                      | =   |             | 1460                              | 130                     | 2460                     | 130               | Petitions to the Com   | missioner              |                  |          |
| Claims   |                             |                          | <u>-</u> x                 | =   |             | 1807                              | 50                      | 1807                     | 50                | Processing fee under   | 37 CFR 1.17(q)         |                  |          |
| Multiple Deper   |                             |                          |                            |   |             | 1806                              | 180                     | 1806                     | 180               | Submission of Inform   | nation Disclosure S    | Stmt             | 180.00   |
| Large Entity   |                             | rall Entity              |                            |   |             | 8021                              | 40                      | 8021                     | 40                | Recording each pate<br>property (times num                   |                        | •                |          |
| Fee Fee<br>Code (\$)   |                             |                          | Fee Description            |   |             | 1809                              | 790                     | 1809                     | 395               | Filing a submission a  |                        |                  |          |
| 1202 18  |                             |                          | Claims in excess           | s of 20                                   |             |                                   |                         |                          |                   | (37 CFR § 1.129(a))  |                        |                  |          |
| 1201 88  |                             |                          |                            | ims in excess of                          |             | 1810                              | 790                     | 2810                     | 395               | For each additional in<br>examined (37 CFR §                 |                        |                  |          |
| 1203 300<br>1204 88  |                             | -                        |                            | lent claim, if not p<br>endent claims ove |             | 1801                              | 790                     | 2801                     | 395               | Request for Continue   | ed Examination (R      | CE)              |          |
| 1204 00  | 1 220                       | 7 44                     | patent                     | ondon doning ove                          | or original | 1802                              | 900                     | 1802                     | 900               | Request for expedite   |                        |                  |          |
| 1205 18  | 8 220                       | 5 9                      | **Reissue claims           | s in excess of 20                         | and over    | Other fe                          | e (specify)             |                          |                   | of a design application                                      | on                     |                  |          |
| original patent  |                             |                          |                            |   |             |                                   |                         |                          |                   |  |                        |                  |          |
| SUBTOTAL (2) (\$)  |                             |                          |                            |   | *Reduced    | *Reduced by Basic Filing Fee Paid |                         |                          | SUBTOTAL (3) (\$) |  |                        |                  |          |
| **or number previously paid, if greater, For Reissues, see below |                             |                          |                            |   | <u> </u>    |                                   |                         |                          |                   | =  |                        | 290.00           |          |
| SUBMI  | TTED E                      | 3Y                       |                            |   |             |                                   |                         |                          |                   |  | Comp                   | lete (if applica | ble)     |
| Name (Pri  | int/Type)                   | Tom                      | Van Zandt                  |   |             |                                   | egistratio<br>comey/Age |                          | 4                 | 13,219   | Telephone              | (408) 720        | -8300    |
|  |                             | 「太                       | 1 1                        | DA_                                       |             |                                   |                         |                          |                   |  | <del> </del>           | , ,              |          |